# Application for Wales Retail Relief 2015/16

MERTHYR TYDFIL
County Borough Council
Cyngor Bwrdeistref Sirol
MERTHYR TUDFUL

**1. Account details for which relief is being claimed**

**Property Reference No**

**Account Number**

**Full Name of Ratepayer/Business:**

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**2. Address of property for which relief is being claimed**

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**3. Ratepayer's contact address (if different to above)**

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**4. Please confirm how the property is used, e.g. butcher, travel agent etc.**

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**5. I can confirm that my property/properties is/are <u>wholly or mainly used</u> for one of the categories listed on the Wales Retail Relief Guidance.**

Yes ☐ No ☐

If your property is not used for one of the purposes listed in the Wales Retail Relief Guidance , but you believe that you may still qualify for the relief, please detail below the type of business that is conducted from the property. It may be necessary for the council to inspect your property to clarify this.

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**6. Has your company or business received more than €200,000 in state aid including Retail Relief in the last three years? Please tick the relevant box.**

YES ☐ NO ☐

**7. State Aid De Minimis Declaration**

The award of this relief must comply with the EU law on State Aid. Under the De Minimis Regulations (EC 1407/2013) the ratepayer named overleaf should not receive more than €200,000 in total of De Minimis aid, including any retail relief awarded for this property, within the current financial year or the two previous financial years.

Please give details of any De Minimis aid received below:

| Amount of De Minimis Aid | Period aid granted for | Organisation providing aid | Nature of aid |
|---|---|---|---|
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Should your circumstances change and you no longer meet the qualifying criteria, you must notify us so that the Retail Relief can be reviewed from the date the change occurred.

**8. Declaration:**

By signing the form you agree that, to the best of your knowledge, the information contained on the form is complete and is not false. Wilfully making a false statement on the application form is an offence and may result in us taking action legal against you.

I declare that:

- I am authorised to sign on behalf of the ratepayer named overleaf.
- The form is completed correctly, to the best of my knowledge.
- The ratepayer named overleaf shall not exceed its De Minimis threshold by accepting any retail relief granted.

Full Name .....

Signature ..... Date .....

Position in Organisation .....

Telephone Number.....

Email Address .....

Please return the completed form to:. Merthyr Tydfil C.B.C. Civic Centre, Castle Street, Merthyr Tydfil CF47 8AN.

Or emailed to jaci.john@merthyr.gov.uk